

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		<i>1/27/94</i>
O.I.P.E. CLASSIFIER		<i>3</i>	<i>7/2/94</i>
FORMALITY REVIEW	<i>19</i>	<i>6916105</i>	<i>9-24-94</i>

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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